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A LECTURE

INTRODUCTORY TO A COURSE

OF

CLINICAL INSTRUCTION,

DELIVERED

AT THE MEATH HOSPITAL AND COUNTY OF DUBLIN INFIRMARY.

ON MONDAY, THE 2D NOVEMBER, 1835.

BY

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THIS LECTURE,

INTRODUCTORY TO A COURSE

OF

CLINICAL INSTRUCTION,

IS DEDICATED,

WITH SENTIMENTS OF AFFECTIONATE REGARD,

TO THE

PUPILS OF THE MEATH HOSPITAL.

IT WAS WRITTEN FOR THEIR USE,

AND IS NOW PUBLISHED

AT THEIR DESIRE,

BY THEIR OBLIGED AND FAITHFUL FRIEND,

PHILIP CRAMPTON.

MERRION SQUARE, NOV. 8, 1835.

LECTURE, &c.

GENTLEMEN,

A teacher who undertakes to convey a knowledge of the elements (or first principles) of his art, is bound to presume that he addresses himself to persons who are totally unacquainted with the subject of which he treats. When I look around me, however, and perceive that I am in the presence of some of the most distinguished members of the medical profession, and that a large portion of the class consists of students who have applied themselves diligently for several years to the study of their profession, I feel considerable embarrassment as to the course which I should adopt in this introductory address.

To explain the nature and uses of clinical instruction to men who have already passed some years in the pursuit, would be to the last degree tedious

and unprofitable; and yet, to leave those who are but commencing their professional studies, to discover by personal and too often dear-bought experience, the objects to which they should most especially direct their attention—to find out of the many roads which are open before them the *only one* which can lead them directly and safely to their object, would be equally irrational and unjust. Now, at the commencement of a session, every medical class is composed of persons who belong to one or other of these descriptions; they either know too much to be interested or instructed by details which are purely elementary, or, they know too little to be able conveniently to dispense with them. The teacher is, therefore, in the situation of one who has to travel on a road which at first is difficult from *not* having been used, and afterwards, from having been used too much.

In this difficulty I am happy to take counsel from an eminent prelate, (himself one of the most highly gifted and accomplished men of his age or country,) who never omits a proper occasion of advising his clergy to avoid the temptation of making their discourses so profound and ingenious, that they can be understood only by the few who are as deeply imbued with the subject as themselves; he advises them, on the contrary, to address themselves *exclusively* to the least instructed of their congregation, and then, he adds, "your sermons

will have the advantage of edifying some, and of being understood by all." This, you may say, is but an humble aim. I am not sure, however, that a man can propose to himself a more useful, if not a higher task than to make himself thoroughly understood on any subject connected with science, which is submitted for the first time to the understanding of his hearers.

By "clinical observation" is understood, the acquiring a knowledge of the symptoms (or signs) of a disease, at the bed-side of the patient—the observing the effects of the remedies employed for its relief, and lastly, (although it cannot in strictness be called *clinical* observation,) the examining after death the changes which have been wrought in the structure of the animal body by the disease, with a view of discovering its nature, its seat, and its cause.

This "post mortem" examination of morbid bodies, is the foundation of that branch of medical science termed pathology.—I need scarcely say, that without pathology medicine can have no pretensions to the character of science, but must be considered in the light of an empyrical art, having no principle for its guide, but merely relying on the observation of the effects of remedies.

Let me illustrate the nature and uses of clinical observation by an example.

There are two cases in hospital of severe disease of the lungs; in each there is cough, with great expectoration of a greenish purulent-like matter, to the extent of more than a pint in 24 hours; in each there is great difficulty of breathing, which is increased by the slightest voluntary motion; in each there is great emaciation, accompanied by hectic fever, that is to say, a daily feverish paroxysm, commencing with a chill, and terminating in a profuse perspiration. Even to a practised observer, these cases would appear perfectly similar, and would be set down as instances of true pulmonary consumption in a very advanced stage. The diseases are, nevertheless, totally distinct in their nature, their seat, and in their probable termination. But how is the student, however well versed he may be in all that has been written or said on the diseases of the chest, to discriminate between affections so similar in their symptoms that Laennec, the most practised and skilful observer of diseases of the chest that ever lived, has pronounced that between the diseases to which I allude, so perfect a similarity exists in all the general symptoms, that the discrimination can be made only by the most careful examination of the chest by means of what he terms "mediate ascultation," (that is, by the ear assisted by the stethescope.) How, then,

(you will enquire,) is the student by his unaided efforts (however powerful those may be) to acquire that knowledge which cannot be obtained from books or lectures, and yet without which, he must feel conscious that he is not qualified to practise his profession for a week? Simply by accompanying the experienced physician to the bedside of the patient, and carefully observing the manner in which *he* conducts his investigation, and hearing from him on the spot, the reasons on which he grounds his conclusions as to the nature and probable issue of the disease.

The Physician having first pointed out the general symptoms in which the diseases which he compares resemble each other, proceeds to demonstrate the points in which they disagree; he taps the chest from top to bottom, before and behind, and directs the attention of the pupils to the different sounds which are elicited from its different parts; he explains the causes of those differences; he next applies the stethoscope, and when he discovers a sound which characterises a particular kind of organic lesion, he desires each pupil in succession to apply his ear to the instrument, and satisfy himself that the sound is such as has been described. He then assigns the reason for such a sound, being invariably the sign of such or such a change in the structure of the lungs. Having completed his investigation, and having arrived, step by step, at his conclusion,

the pupil is not surprised to hear it announced that in the one case there is extensive disorganization of the lungs, accompanied with a large abscess, which furnishes the purulent expectoration, and that the disease is necessarily mortal, and that in the other, there is no disorganization, but that the membrane which lines the air-cells is in a state of chronic inflammation, in consequence of which it pours out, (but without a breach of surface,) the prodigious quantity of purulent matter which had constituted so fearful a feature in the case. This case, then, so far from being like the other, necessarily mortal, is in a great majority of instances, easily curable—but curable by means which, in general, are found to aggravate every symptom of the true pulmonary consumption.

Following up these cases to their termination, observing the changes which they undergo, from day to day, or rather, having those changes pointed out to him, the student finds the prediction (or prognosis, as it is technically called,) of the physician is verified. In a few weeks the patient, suffering from the inflammation and suppuration of the mucous membrane of the lungs, is by a suitable treatment restored to health, while within the same period, the patient suffering from abscess of the lungs, (true pulmonary consumption,) dies.

On examining the body after death, one or more cavities, varying in size, and surrounded by masses

of what is termed tuberculous matter, are found in the lungs. The ramifications of the bronchia, or air tubes, terminate with open mouths in these cavities, and serve as conduits for the matter which is forced up through them, by the action of coughing, a small part only of the lungs is pervious to air, in consequence of the air cells being filled with the tuberculous matter which has not as yet been softened and discharged; all these and several other changes in their structure, each having their corresponding physical signs, which are capable of being accurately observed and discriminated during life, are demonstrated and explained in a clinical lecture delivered in the theatre, with the subject or the morbid parts on the table.

The connection between the physical signs exhibited during life, and the physical changes which appear after death, are now clearly pointed out, and thus the student is not only supplied with a connected history of pulmonary consumption, from its origin to its fatal termination, but he is enabled, by a very little practice, to determine, by an examination of the chest externally, the actual condition of the lungs at every period of the disease.

"Neque enim cuivis *adhuc* altra votum datum est, fenestram pectori adaptasse et secretiora illa naturæ penetralia e tenebris vindicasse,"

was the lamentation of old Mayow, but that he did not quite despair of such an extension of the healing

art is proved by the philosophical use of the cautious "*adhuc*." What Mayow thought so improbable, the genius of Laennec has more than realized, for no "*window*" could be opened in the chest which could give us nearly as much information as to the actual condition of the lungs as we obtain by the means of what is termed *mediate ascultation*—in plain English, by the ear. The nature of the *catarrhal* affection, which so closely simulated consumption, is then examined, and the physical signs by which it may be so certainly discriminated, are carefully enumerated, and illustrated on the living subject; and lastly, the principles on which the successful treatment was conducted, are clearly laid down.

This, Gentlemen, is "*Clinical Instruction;*" and those, if indeed there be any such, who maintain that the healing art, in any of its branches, can to any useful purpose be learned in any other way, are either lamentably ignorant, or scandalously dishonest.

I have taken an illustration of the nature and uses of clinical instruction, from medicine rather than from surgery, not because surgery could not supply many that would be to the full as striking and instructive, but because I know that many young persons persuade themselves that they can by reading and by attendance on lectures, acquire a competent knowledge of medicine, and that the labour of Hospital attendance is essential chiefly to the

surgeon. The brief history which I shall now give of the origin and progress of clinical instruction in this country, and the influence which it has exercised on medical science, and on the fortunes of its Professors, will, I think, tend to dispel such an illusion, if indeed there are any weak enough to entertain it.

It is now just 30 years since the County of Dublin Infirmary (which is represented by this Hospital) was opened as a regular school of clinical medicine and surgery. Previously to that period, there were no clinical lectures delivered in Dublin, and the medical student who desired to acquire a practical knowledge of his profession, (in the only way in which it *can* be acquired,) or to obtain even a *legal* qualification to practise as a physician, was obliged to attend the clinical practice of the Royal Infirmary of Edinburgh.

The merit of having removed, what may with justice be considered, not only as an impediment to the progress of medical knowledge, but as a national disgrace, is due to Dr. Whitley Stokes, a name which will be revered, so long as commanding talents, untiring zeal, and unblemished integrity obtain the respect and admiration of mankind.

In the year 1804, Dr. Stokes, who was Professor of the Practice of Physic in the University, obtained the permission of the College of Physicians to establish, in this Hospital, a course of clinical in-

struction, in connection with the King's and Queen's College of Physicians, and thus complete the curriculum of medical education in this country.

I have ever considered it as the highest distinction, and the greatest advantage of my professional life, that I was associated with Dr. Stokes in this undertaking, an undertaking which, it must be admitted, laid the foundation of that improved and extended system of medical education, which, while it has placed Dublin in the first rank among the medical schools of Europe, has incalculably advanced the respectability and the interests of the profession at large. Had the distinction and advantage of being associated with Dr. Stokes and Dr. Barker in this first attempt at clinical institution been confined to myself, I should not have thought the circumstance of sufficient interest to have alluded to it in this place, but it derives a character of great importance from a consideration of its effects on the relations of the medical and surgical branches of the profession to each other, and on the state of medical instruction in this country. In order to be able to appreciate these effects, it is necessary that you should know in what relation the medical and surgical branches of the profession stood towards each other, and what was the actual state of medical instruction in this country in the latter part of the last century.

About 50 years ago medicine and surgery were

considered by the profession generally, and by the public, to be as distinct in theory as they were separated in practice; surgery was then, with respect to medicine, what pharmacy is now with respect to surgery, (I speak, of course, of the state of the profession in this country, where surgeon-apothecaries, as a branch of the profession, do not exist.) The education was distinct, the practice was distinct, and the station in society was distinct; there was, accordingly, very little social intercourse between the members of the medical and surgical professions, and it is well known that without social intercourse, the mere intercourse of business has any thing but a tendency to generate kindly and liberal feelings between individuals who are thus, in a manner, forced into contact by a common pursuit. The exclusives look with contempt on those whom they have themselves assisted to degrade, and the excluded repay this contempt by envy and hatred.* The severity with which it was attempted

* The history of the quarrels between the Faculty of Medicine of Paris, and the College of St. Cosme, (a college of sugeons founded by Langfranc about the middle of the 15th century,) sufficiently proves that at a very early period the physicians looked with great jealousy on those who, by uniting the practice of medicine and surgery, encroached on what they considered peculiarly the province of the physician. The Faculty of Medicine, accordingly, obtained many restrictive laws to confine the practice of the surgeons within what they considered its just limits, and at the same time favoured the

to draw the line between the practice of the physician and the surgeon, will be best understood by a reference to the by-laws (happily now by-gone laws) of the College of Physicians, and to a report on the subject of Medical Reform, printed by order of the College in 1806. At the period to which I allude, a Fellow or Licentiate of the College of Physicians of Dublin, was bound by the obligation of an oath, not to meet a surgeon in consultation on a case which he (the physician) deemed medical, and in which he had been *first*

incorporation of barber-surgeons, whom they thought, from their ignorance, would be a more manageable body than the regular surgeons, or "surgeons of the long robe," as they were called, in contra-distinction to the barber-surgeons.

The manner in which the war was carried on between these medical communities, affords an amusing illustration of the state of the human mind in the middle of the 15th century. The great reproach made by the Faculty of Medicine against the surgeons was, that they were not "theoricians," and, consequently, had no guide for their practice but an unreasoning experience. This was, in those days, a weighty charge, which the surgeons met, not by proving the benefits of experience, or the futility of the received medical theories, but by proving themselves to be theorists. Langfranc, the founder of the College of Surgeons, and one of the ablest men of the age, accordingly sustained the case of the surgeons before the University of Paris, by a syllogism in-barbara, which runs thus:

Omnis practicus est theoricus,
Et omnis, chirurgus est practicus,
Ergo, omnis, chirurgus est theoricus.*

* Sprengel, Vol. 2d, p. 418.

employed; and the law was equally imperative, even though the surgeon were a graduate of Oxford, Cambridge, Edinburgh, or of any University in Europe.

In the Report printed by order of the College of Physicians in 1806, it is stated that "*In Ireland, surgeons are very generally employed in medical cases, although from the peculiar and necessary mode of their education they are not qualified for that practice.*"

The Report even went to the length of recommending an application to be made to the Legislature for what the College termed "competent restrictive powers," to restrain the surgeon from encroaching on the province of medicine, the boundaries of which, all undefined as they are by nature, the physician took it upon himself to define. Now, at *this* day, when education has done its work on the profession, when that glorious levelling principle which produces something like a moral and a social equality among men, not by dragging what is above *down*, but by raising what is below *up*, when this principle has been in operation for such a length of time, that we almost view it as a part of the ordinary course of things, it is not surprising that at *this* day these regulations of the College of Physicians should seem equally irrational and illiberal. I am bound, however, in candour to admit, that at the period when the dis-

tinctions between the medical and surgical branches of the profession were first established, or rather when they first *grew up*, the restrictions to which I have alluded were neither illiberal or unjust. It appears plainly from the works of Ambrose Pare, that in France, so lately as in the middle of the 16th century, surgery, properly so called, was generally in the hands of barbers, the whole art being at that time limited to the dressing of wounds and sores, and the performing of operations.

To take one instance out of many:—

"The 16th of June, 1582, in the presence of "M. John Liebaud, Doctor in the Facultie of "Physick, at Paris, Claude Viard, sworn Surgeon, "M. Mathurin Huron, Surgeon of Monsieur de "Souvray, and I; John Charbonel, Barber Sur- "geon of Paris, well understanding the Theorick "and Practick of Surgerie, did, with good dex- "teritie, amputate the left leg of a woman, tor- "mented the space of three years with extreme "pain, by reason of a great caries which was in the "bone Astragal, Cyboides, great and little focil, "&c. Shee is called Marie of Hostel, aged 28 "years, or thereabouts, wife of Peter Herve, "esquire, of the Kitchin to the Ladie Duchess of "Uzez, dwelling in the street Verbois, on the other "side of St. Martin in the Fields, at the sign of the "St. John's Head; where the said Charbonel cut "off the said leg, the breadth of four large fingers

" below the knee, and after that hee had incised the " flesh and sawed the bone, hee griped the vein with " the crow-bill, then the arterie, then tied them, " whence I protest to God, (which the companie " that were there can witness,) that in all the " operation, which was suddenlie don, there was " not spilt one porrenger of blood; and I bid the " said Charbonel to let it bleed more, following the " precept of Hippocrates, that it is good in all " wounds, and also in inveterate ulcers to let the " blood run, as by this means the part is less sub- " ject to inflammation. The said Charbonel con- " tinued the dressing of her, and she was cured in " two months."

Then follows the history of a "singing-man of our Ladie's church," who was amputated in the presence of several sworn surgeons of Paris, and of "the great Vicar of our Ladie's Church," by "Balthazar " of Lestrie and Leonard Leschenel, Barber Sur- " geons, well experimented in the operations of " Surgerie, who stanch't the blood by the ligature " of the arteries, and hee was happily cured without " the application of hot Irons, and walketh lustily " on a wooden leg."

I may observe in passing, that these, and several similar cures are reported with the utmost accuracy, as to time, place, and persons, in order to satisfy an incredulous world, and a still more incredulous faculty of medicine, that after amputation, the bleeding

from an open artery might be stanched as pleasantly, safely, and effectually by the closing its mouth with a silk thread, as by plunging the bleeding stump into boiling pitch, or applying a red-hot iron to its face.

But the Faculty of Paris were not to be convinced by *facts* which were opposed to the *authority* which held their intellect in subjection. "Ill then, and too arrogantly," says a member of the Faculty of Medicine, "a certain indiscreet and rash "person would condemn the cauterizing of vessels "after amputation, so much praised and commended "always by the ancients, desiring to teach us "without reason or judgment, a new way to tie the "vessels, against the opinion of the antient phy- "sicians; when he shall, by this new and unaccus- "tomed way, absurdly confine the vein by binding "it, there must necessarily follow a new inflamma- "tion, from inflammation convulsion, and from con- "vulsion death—for fear of which accidents, Galen "never durst stitch transversal wounds. If any "one, having experimented this new manner of "crueltie, should have escaped, let him return "thanks to Almighty God for ever, that through his "goodness he has been saved from such tyrannie, "from his executioner rather than his methodical "surgeon."

That surgery was even in a worse state than this in England about the same period, is proved by the various statutes (for surgical works there were

none*) for the regulation of the various orders of medical practitioners, and in particular from the 32d of Henry VIII. It appears plainly from this statute, that the surgeons' company considered it a distinction and an advantage to be associated with the company of barbers, and the statute incorporates them accordingly under the name of the Mystery Commonality of Barbers and Surgeons of London; and what is still worse, it appears from the 53d of the same king, that the practice of tying the arteries which had been adopted by the barbers of Paris for several years previously, had not yet been received in England, for in the statute for the punishment of Malicious Striking in the King's Palace,† it is provided that "after the delinquent's hand has been stricken off, the surgeon of the king's household shall be ready with his searing irons to sear the wound;" not, as you might suppose, to aggravate the punishment, but on the contrary to preserve the life of the party whom (as it is kindly inti-

* The Rosa Anglica of John de Gaddessden, published in Padua, in 1792, is merely a collection of formulæ, comprising the most contradictory and revolting substances in nature; or an enumeration of certain superstitious observances which were thought to exercise a supernatural power over diseases. Happy were those who, like the son of the king of England, were subjected to no worse treatment for the small-pox, than "being wrapt up in a scarlet cloth, and being placed in a room where everything about the bed was scarlet."—Rosa Ang. p. 1050.

† 33 Henry VIII.

mated) it was intended not to kill but to admonish.

How surgery sunk into this degraded state is a subject of curious but not difficult inquiry. It is plainly to be traced to that perverted as well as darkened state of the human intellect, which was the fruit of ten centuries of ignorance and superstition. In the year 1163 the council of Tours, by its 8th canon, prohibited Ecclesiastics (who then shared with the Jews the practice of medicine in Europe) from undertaking any bloody operation, (at least on a small scale); but as they continued to act as physicians, and what may be termed medical surgeons, they were obliged to employ persons possessing some manual dexterity to act under their directions in every thing that related to the dressing of wounds and the performing of operations. They, not unnaturally therefore, addressed themselves to the barbers, at that time as numerous, and from their familiar and daily intercourse with persons of all conditions, an intelligent and amusing fraternity. They were men too who had by constant use become dexterous in the handling of sharp instruments. That the barbers who at first acted under the direction of the physicians should afterwards set up for themselves, is in accordance with the invariable course of human affairs. We accordingly find them, shortly afterwards,*

* 1st of Edward the Fourth.

forming a worshipful company, under the style and title of the Corporation of Barbers, and, in the following reign, of Barbers and Surgeons. Now, it is anything but surprising that this original stain on the birth of surgery should have remained even to our days, and that the supremacy of medicine should still have been asserted by the physicians, and acquiesced in by the surgeons, long after the real ground for that supremacy, which was superior knowledge of the surgical art, had ceased to exist. But to say the truth, it is only since the incorporation of the College of Surgeons that the effects of education on the surgical branch of the profession in this country have become apparent; previously to that period, there was the greatest possible contrast between the practitioner of medicine and surgery. The physicians educated in the universities were necessarily men of liberal education; many of them had distinguished themselves by works of the very highest merit, not only on medicine but in several departments of literature and science; respected for their character, admired for their talents, they elevated their noble profession, which in return conferred on them a lofty station and an honorable independence. I have only to mention the names of Quin, Sir Nathaniel Barry, Macbride, Cleghorn, Purcel, Percival, Harvey, Clarke, and Evory, to prove that in Ireland the medical branch of the profession was

during the last fifty or sixty years as ably represented as in any country in Europe. With respect to the state of surgery at the same period, truth compels me to avow, that it was immeasurably below medicine in every thing which could ground a claim to public confidence and respect. In one word, with a few, and there *were* a *very* few exceptions, the surgeons were at this period uneducated men; few of them had an university, none of them had a clinical education. It became the duty, therefore, of the College of Physicians, since they had not the means of enforcing a better system of education, to exercise whatever influence they possessed in restraining the encroachments of ignorance (in the only way in which it can perhaps be legitimately restrained) by holding it up to public scorn—by proving to the uneducated that ignorance is as unprofitable as it is disgraceful. I do not mean to assert that in this proceeding the College of Physicians was influenced solely by an anxiety for the public good; among a number of men there will always be a number of motives, and perhaps on most occasions men act upon mixed motives, among which self-interest finds a place. But be the motives what they may, the result was eminently beneficial, no less to the surgical profession than to the public. I have not the least doubt, that a sense of the degraded state of surgery and its professors, as contrasted with the flourishing condition of medicine,

operated on many as a salutary stimulus to adopt a system of education which should place them, in point of professional attainments, at least on a level with the physicians. Accordingly, after five years devoted to classical and scientific education, to practical anatomy, and to attendance on an hospital, some of the advanced students of surgery, studied medicine regularly in the University of Edinburgh, (then the only clinical school in Great Britain,) and some actually took out the degree of Doctor of Medicine. Mr. Colles has the merit of having led the way in this honorable career, and I was but too happy to follow so good an example shortly afterwards. The moment the artificial barrier which had for so long a time separated the professions was broken down, the tide of education flowed in, and produced all its usual fertilizing results. The success, the unparalleled success which rewarded the first adventurers, operated as a stimulus to others; and the charge contained in the report of the College of Physicians, that "Surgeons, from the peculiar and necessary mode of their education, were not qualified to practise medicine," became every day less true, and at length could no longer be sustained. The public, naturally enough, inquired what was "the peculiar and necessary education of a surgeon," which disqualified him from understanding the treatment of internal disease; and when it appeared that the only pecu-

liarity consisted in his having the start of the physician by five years in the study of his profession—and that, at the period of life when the faculty of observation is the most acute, and the memory most retentive, he was placed in circumstances the most favorable that can be imagined for acquiring that "habitual knowledge" (as it has been well named by Mr. Locke) which in a practical art so far exceeds all that can be *taught* by books, or by oral instruction, when all this was made known, it appeared as absurd to maintain that there was anything in such a preliminary course of study, or of experience, which could render the future labours of the surgeon unavailing, as to assert that a youth who had served five years before the mast before he commenced his education at the college of Portsmouth, would after he had passed his examination, be less fit to take charge of a ship, than if he had never been at sea. The College of Physicians, then, when they sought to enforce, in 1805, regulations which might have been not only justifiable but necessary in 1785, committed a mistake into which all public bodies are exceedingly apt to fall; they did not advance with the spirit of the age; they clung to their privileges, long after those privileges, with which they were invested but for the public good, had ceased to be useful, either to the public or to themselves. The College ought to have perceived that it is the education and personal character of the medical prac-

titioner, and not his title, which constitutes his qualification; and that when he has once taken up his position in public estimation, he cannot be driven from it by the "brutum fulmen" of a corporation by-law.

At the commencement of the present century, then, the medical and surgical branches of the profession stood in a new and strange relation to each other. There was the old and *regular* physician entrenched behind his privileges, a kind of physician *de jure* up on the one side, and a number of young, enterprising, well-educated surgeons—a kind of physicians *de facto*—who were storming those entrenchments, on the other. The physicians, according to the established usage in such cases, endeavoured to put down their rivals by proclamation. They accordingly issued the celebrated "*Report*," from which I have already given you the extract, declaring that the surgeon was from the peculiar and necessary mode of his education not qualified to treat internal disease. The young surgeons met the charge by applying themselves strenuously to those studies which confessedly constitute the foundations of the healing art, and finished by adding the *legal* to the *scientific* qualification, to practise medicine. The result of all this has been to abolish all corporate or arbitrary distinctions—to form, *in fact*, "a faculty of medicine," every individual of which is as free as he is competent, to

practise medicine or surgery, just as his taste, his convenience, or public opinion may determine.

Such was the relation in which the medical and surgical branches of the profession stood to each other in the beginning of the present century. It was a matter of astonishment, therefore, to all, and of no small scandal to some, when it was made known that Dr. Stokes and Dr. Barker, both fellows of the College of Physicians, the one Professor of the Practice of Physic, the other Professor of Chemistry in Trinity College, had associated themselves with two very young and undistinguished surgeons, (the late Mr. Dease and myself,) and gave conjointly with them a course of Clinical Instruction in the Meath Hospital, and (worse than all) Trinity College exhibited the unheard-of spectacle of a surgeon delivering clinical lectures from the chair of the Professor of Physic! This liberal and (because liberal) wise conduct on the part of the College of Physicians, (for the arrangement could not have been made without their sanction,) gave the death-blow to a system of exclusion which degraded one branch of the profession without elevating the other. And what (you will inquire) was the result of this great revolution which effected so remarkable a change in the state of the profession? The result is before your eyes, for I have brought the history of the revolution down to our own times. The younger physicians observing that it was in virtue of a real

or imputed knowledge of anatomy and pathology, that the surgeons obtained the confidence of the public, applied themselves strenuously to these studies, and their well-directed labours were crowned with success. If the surgeon succeeded by superadding to his anatomical knowledge the general and scientific attainments of the physician, the physician has in his turn succeeded by basing his noble science on the firm foundation of anatomy and pathology. I need not travel beyond the precincts of this hospital to illustrate the truth of this position. I will challenge the College of Surgeons of this or of any other country, to produce men more competent to demonstrate the structure of every part of the body, whether in its healthy or its diseased state, with more clearness or with a more practised and (I do not fear to offend when I add) a more *surgical* hand, than the *physicians* of this hospital. Are they ever absent from our surgical consultations and operations ?—and have they not been over and over again heard to declare that from the severe injuries and operations which often lay open the very penetralia of the living body, and exhibit its various structures in health and in disease, they have collected some of the most refined and valuable principles of their science ? Our physicians, therefore, if not surgeons, have all the advantages (whatever those may be) of a surgical education ; having spent the earlier part of their lives in this and other

hospitals, both at home and abroad—they have possessed themselves by anticipation, of the fruits of experience. The advantage of such a course of education is well illustrated by a passage in the life of Ambrose Paré. " At the siege of Turin, (says " Paré) the lord marshal being attacked with an " hepatical flux, sent for a celebrated physician, S. " Le Grand, to take him in hand. This physician was " for a certain time at Turin to deal with him ; and " was often called to visit the hurt people, where " he always found me, and I consulted with him and " some other surgeons, and when we had resolved " to do any serious work of surgerie, it was Ambrose " Paré that put his hand thereto, and I did it " promptly and with dexteritie, and with a good " assurance, insomuch, that the said physician ad- " mired me, to see me so ready in the operations of " surgerie, seeing the small age which I had. One " day discoursing with the Lord Marshal, he said :" (he then gives the speech in Italian which he thus translates) " Signor, thou hast a surgeon young of " age, but he is old in knowledge, preserve him well, " for he will do thee service and honor, ' *but the old* " *man knew not that I had dwelt three years in the* " *hospital at Paris, there to look after the diseased,* " *and learn their ways.*' "

I may just add, in passing, that one of the most eminent physicians in this country served his apprenticeship to me in this hospital ; and the loss of a

finger, from a dissecting wound, after he had completed his studies, alone determined him to adopt the profession of medicine instead of surgery. And another, a younger, but not less accomplished physician, and whom I expect to see no less eminent, has, by the loss of his right hand, been obliged to adopt a similar course. I have yet to learn that these gentlemen have ever been heard to speak with regret of their having spent the first five years of their professional lives, between the dissecting-room and the wards of the County of Dublin Infirmary.

The real and direct operation of a well-ordered system of instruction in effecting the advancement of medical science, and by a necessary consequence promoting the best interests of its professors, can be most conveniently illustrated by contrasting the state of the surgical profession before it was brought fully under the influence of education, with its present state. In the year 1794, there was no hospital in connection with the School of Physic in Dublin; the foundation of Sir P. Dunn's hospital was not yet laid; there were consequently no medical clinical lectures, and as for surgical clinical lectures, they had not been dreamt of. The students, who consisted almost exclusively of the apprentices of the surgeons residing in Dublin, attended the hospitals or not, at their pleasure; no admission fee was required, and I need scarcely say, that what was to be had *for* nothing was valued *as* nothing. In

the Anatomy-house of Trinity College Dr. James Cleghorn, nephew of the celebrated professor of that name, gave anatomical and surgical lectures, (he never having been a surgeon,) to twelve pupils, of whom I had the advantage of being one—there were no dissecting pupils. In a small and miserable house in Mercer-street, called "the College of Surgeons," anatomical and surgical lectures were delivered by two, certainly competent teachers, to a class of about thirty pupils, and the dissecting class might have amounted to about the same number. The College at this period consisted of about seventy members, and thirty or forty licentiates—there was not one private school of anatomy, and there was but one lying-in hospital. Contrast this with the present means of instruction in Dublin. Look at the College of Surgeons, its schools, its museum, its library, its class of, I believe, three hundred pupils—look at the anatomical school of Trinity College, which has been, I may say, created, or at least revived by its present distinguished professor; look at its splendid museums of human and comparative anatomy; its two hundred pupils; to say nothing of the private schools, which emulate the public establishments in the talents of their teachers, the excellence of their museums, and almost in the number of their pupils. Then to turn to the hospitals; complete courses of clinical instruction are delivered annually in every hospital in

Dublin—all this and much more that time will not admit of my even adverting to, has been the work of about 30 years, I should be more near the truth, if I said of 20 years, and the question instantly arises, to what causes are we to attribute this unexampled increase in the numbers of the medical profession and consequent, or rather concurrent, improvement in the state of medical education; whether the condition of the medical *profession generally* considered, as distinct from medical *science*, has improved in the same proportion is at least questionable, but this is beside the present inquiry. Now, although the sudden increase to the number of medical students has probably been the result of the operation of a variety of causes, many of which it might be difficult if not impossible to develop, still there are some causes, and those perhaps the principal ones, which lie upon the surface, and to those only do I think it necessary to allude. In the first place, there was the sudden and increased demand for medical men, which was created by the war; a demand so great that, notwithstanding the vast advantages attached to the service, the supply was for many years inadequate to the demand. The increase in the number of students led to a corresponding increase in the number of the schools; competition produced its usual effects, increased skill on the part of the competitors, and the production of a better article for the benefit of the consumers. The facilities for the study of prac-

tical anatomy, and the difficulties and expense attendant on the pursuit in England and Scotland, came in aid of the other advantages; students from every part of England and Scotland flocked to our schools, for the purpose of studying anatomy, and were soon induced, by the excellence of our hospitals and the increasing reputation of our teachers, to remain until they had completed their education, and perhaps received their appointments in the naval or military service. This sufficiently accounts for the extension and multiplication of the schools during the war; but the war terminated just twenty years ago, yet up to the last year the medical school of Dublin has been annually on the increase. I can account for this in no other way than by referring it to a general principle which seems to possess a considerable influence over the actions of mankind; when, from any cause, a prejudice in favor of any particular course of conduct or of opinion takes possession of the public mind, a considerable time must elapse before it can be made to move in a different direction; the demonstration that the opinion is erroneous, or that the course of conduct leads to no useful result, produces exceedingly little effect, and nothing but experience, dear-bought personal experience, will bring the mind to give a reluctant assent to the suggestions of reason. There are, undoubtedly, many circumstances connected with the state of this country, both financial, social, and

political, which determine many young persons to adopt the medical profession; but I believe the difficulty (amounting in many instances to an impossibility) of obtaining admission into either of the other learned Professions may be considered as the chief cause; then, again, in the present reduced state of our military establishments the army and navy are out of the question; farming requires capital, and is at best a precarious means of support; retrenchment in the public expenditure has cut down patronage, so that those who *will* be gentlemen and men of learning, with but little rational pretensions to be either, and at the smallest possible cost, think that they have nothing for it but to apply themselves to the study of medicine. They see around them those only who are buoyant with success, of the thousands who have sunk they know nothing; without, therefore, sufficiently considering the cause of that success, or without, perhaps, having very accurately weighed their own powers against the difficulties of the enterprise, "accoutred as they are," they plunge in headlong, and it is not difficult to anticipate the consequences; but this is a painful subject, and I turn from it with pleasure to one which is more closely connected at least with your immediate interests.

Your lot is cast, you have adopted the medical profession, for better for worse, and the only question now is, in what manner you can use the oppor-

tunities of acquiring a knowledge of your profession, which this city supplies to the greatest advantage.

It is plain that the opportunity of acquiring knowledge, although a necessary part of any system of education, can of itself do nothing; the great point is, to have the mind in a state to make a profitable use of that opportunity, and this state once acquired, all that education *can* do will follow as of course.

I say nothing of those natural advantages which are considered so essential for the study of medicine, not because I undervalue them, but merely because I feel perfectly convinced that if you possess them you will use them, and if you do not possess them, nothing that I can say in their praise will endow you with them. The same observation applies to the high scientific and literary attainments, without which, if we are to believe the German writers on medical education, no man is qualified even to enter on the study of medicine. I must for the present give you credit for possessing all these things, for I must take you just as I find you: I take it for granted that you have all received a liberal education; if you have not, you have no title to practise a liberal profession.

I require no impossibilities, I merely ask of you to use the faculties for which you may be indebted to nature or education, and to use them with earnestness. Every man of a sound mind is capable of

directing his attention to any subject which may be submitted to it—to what extent he may be able to comprehend it, is quite another question. All that the teacher has a right to require of him is *attention;* but attention in the sense which I understand it is perhaps a different thing from what the younger part of my hearers may consider it to be. *They* may imagine that they are paying attention to their profession if they walk daily through the wards of the hospital, hear more or less distinctly from the extremity of the ward the observations of the lecturer at the bed-side of the patient, give a dreamy kind of attention to the lectures which are delivered in the Theatre, and punctually attend the operations.

If there be any who suppose that by such attention as this they can acquire any useful knowledge of their profession, I am bound to tell them that they labour under a miserable delusion; and further, that I must so far endeavour to limit the fatal consequences of their error to *themselves*, that I shall give a certificate of hospital attendance to those only who evince, by a scrupulous conformity to the rules respecting clinical attendance, an ardent desire to profit by the opportunities of acquiring knowledge which are afforded them. What I require of the pupils of this hospital is, that they transcribe for their own use the cases which are entered in the clinical book—that they listen attentively and in

unbroken silence to the teacher's report and observations on it. The custom of walking about the ward and conversing during the visit must be abstained from altogether.

These are not hard conditions, but such as they are they must be observed. I have thought it right to say thus much previously to the commencement of the course, in order that those who feel indisposed to submit to the restrictions which I have mentioned may not become pupils at this hospital. I know that those who have derived their knowledge of surgery from books, or from still more unprofitable lectures, or from being merely careless lookers-on while the offices of surgery are being performed, are apt to entertain an opinion that surgery is not the difficult thing that it is represented to be; that if a man possess himself of the general principles of the art, from books or lectures, he may soon master the details, and that they can be derived from personal experience only. I think I can, from a passage of my own professional life, demonstrate the fallacy of that opinion.

Several years ago, when I was studying surgery in London, I saw Sir Everard, (then Mr. Home,) perform the Hunterian operation for anurism in the ham. I may observe, in passing, that the incision for laying bare the artery was at that time made much lower than it is at present. In the case in question, it was made a little below the middle of

the thigh, and in this place all anatomists know that the artery is contained in a sort of tendinous canal, derived from the tendons of the subjacent muscles.

Considerable difficulty and delay occurred in passing the ligature round the artery, the surgeons, as is usual in such cases passed in succession their fingers into the wound, and each offered some suggestion to the operator; one whispered "Have a "care, you are *on* the artery." Another said, "You "are not *near* it." A third exclaimed with much exultation, "I have it under my finger." In the mean time the operator, whenever the fingers of his (so called) assistants were removed from the wound, continued to scratch carefully, with the point of his knife, dividing fibre after fibre; at length he said quickly, "I have it," and in the next moment the ligature was passed round the artery. When the operation was concluded, Sir Everard turned round to the surgeons and pupils, who crowded about him and said, "Well, I have learned something from this "operation, which I never observed before; the "tendinous fibres of the sheath of the artery run "obliquely downwards, while the fibres of the artery "itself run *transversely;* I shall take care to re-"member that again." "And so shall I," said I to myself; and several years afterwards I turned to good account this minute but important clinical observation. In the first operation which I performed for poplital aneurism in the Meath Hospital,

and which I performed according to the Hunterian method, in the middle of the thigh, I had scarcely laid bare the sheath of the artery when Sir Everard's observation rung upon my mental ear; I looked for the oblique tendinous fibres and easily discovered and divided them, and thus by remembering a casual observation, which could have been made only by a practised observer, my inexperience was instructed, and I was spared the mortification, and the patient the suffering of an unnecessarily prolonged operation.

Since I first entered upon the medical profession it has ever been to me a matter of astonishment that men could be found so devoid of all regard for their own welfare (to say nothing of higher considerations) as to neglect the opportunity which an hospital affords of laying up a fund of that kind of knowledge, on which alone they must draw for the means of existence. Such a neglect is the more unaccountable, as on other and far less important occasions we can perceive no such improvidence. Men usually evince great ingenuity and perseverance in providing against emergencies, which only remotely endanger property or life; but the surgeon who rushes unprepared into surgical practice necessarily entails upon himself a life of anxiety, poverty, and disgrace.

I have said nothing of the fatal consequences of his ignorance to others, because the man who, con-

scious of his ignorance, would enter upon practise in the desperate hope that the grave would close over his errors, must have a conscience seared against such considerations; perhaps he may lay the flattering unction to his soul that he will undertake no operation that endangers life; but I am acquainted with few operations which ignorance may not render dangerous—besides, life *may be*, and perhaps oftener *is*, sacrificed by what is omitted to be done than by what is done. Is the man who stands pale and trembling beside his patient, and sees him expire in inexpressible agony without making an effort for his relief, lest he should expose, *fatally* expose his ignorance, is such a man less guilty, though he may escape with impunity, than he who with the rashness of ignorance plunges his lancet into an aneurism of the Aorta, mistaking it for an abscess?—"Occidit qui non servat," is the tremendous sentence which the great surgeon of the Augustan age pronounces upon him who either timidly withholds the service of his art or rashly misapplies it.

You cannot but have perceived that in all that I have said respecting the danger to yourselves and others, of neglecting while you are yet young to lay up a store of professional experience—of not postponing the study of your art until you are obliged to practise it as a profession—you must have perceived that I have addressed myself to your selfishness generally, but especially to your selfish

fears. I have said nothing of those higher motives which it is to be hoped exert some influence on all minds, but which to some are the mainsprings of every action of their lives; my reason is, that in addressing myself to men, I must make use of those motives which most generally determine their conduct; the question is not, what *ought* to make a man adopt such or such a course of conduct—we all know *that*—but what *will* make him adopt it.

I wish to make you diligent in the pursuit of knowledge; I therefore place before your eyes the certain and immediate punishment which awaits idleness, rather than the remote, and perhaps less certain reward of diligence; besides, it is the peculiar and glorious attribute of virtue, "that it is its own and great reward," that those who are blessed with humane and generous feelings, will exercise them—*must* exercise them; and assuredly, if there be a field better fitted than another for the exercise of all those qualities, intellectual as well as moral, which most exalt our nature, that field is the province of medicine. To the physician, beyond all men, is given the power of conferring on his fellow-men, and even on the beings who are placed under his power, the greatest benefits, and the most supreme happiness. "Walking himself in the valley of the shadow of death," he is the means of dispensing life and health to others; and when he returns to the bosom of his family, loaded with the

fruits of his honorable toil, yet still buoyant with the sense of success, his happiness will suffer no abatement, from the belief that whatever may be that success, it is but "the showing of a heavenly effect in an earthly actor."

POSTSCRIPT.

Since the foregoing Lecture passed through the Press, I have learned that Clinical Lectures were delivered by the Professors of the School of Physic, in a temporary hospital in Lower Exchange-street, from the year 1792-3 to the year 1798 inclusive. They were then discontinued, and the hospital was given up; but from 1800 to 1803, Clinical Lectures, in connection with the School of Physic, were delivered in Dr. Steevens's Hospital, by Dr. Crampton: the class, however, was limited to those who had taken the degree of Bachelor of Medicine in Trinity College. Dr. Stokes must be considered, therefore, as having *revived* and *enlarged*, but not *originated*, the system of Clinical Instruction in Dublin.

THE END.

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